

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT

CLAIMS

	CLAIMS							
	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	/						51	
2		/					52	
3		/					53	
4		/					54	
5		/					55	
6	/						56	
7		/					57	
8		/					58	
9		/					59	
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42							92	
43							93	
44							94	
45							95	
46							96	
47							97	
48							98	
49							99	
50							100	
TOTAL IND.	2	↓		↓		↓		
TOTAL DEP.	9	←		←		←		
TOTAL CLAIMS	11	████████		████████		████████		

BEST AVAILABLE COPY